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Experiences of Master's Prepared Clinical Nurse Leaders at Three Years Post-Graduation

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ABSTRACT

Direct Entry Master of Science in Nursing programs that incorporate Clinical Nurse Leader (CNL) education are relatively new in the United States. Little is known about the transition to practice experience of Master's prepared CNL graduates. This evaluation explored how Direct Entry Master of Science in Nursing CNL graduates perceived their transition to practice experience three years post-graduation. All graduates ($n = 21$) of an inaugural Direct Entry CNL program were invited to be interviewed 3 years after graduation; 16 (76%) opted to participate. Major findings from the semi-structured interviews included educational satisfaction, challenges in transition to practice, uneven use of CNL education, and anxiety about student debt. Satisfaction with their education and their early application of leadership skills were overshadowed by their frustrations with student debt and the preponderance of bullying experienced in the workplace.

Introduction

The Clinical Nurse Leader (CNL) role was developed in 2007 by the American Association of Colleges of Nursing (AACN) in coordination with leaders from academic and clinical environments. Based on guidance from the Institute of Medicine (2000) that discussed poor and disjointed quality of care in the United States, the CNL position was designed specifically to view the patient through a holistic lens, close communication gaps, and provide lateral integration across the healthcare system (American Association of Colleges of Nursing, 2007). The CNL assumes responsibility for the overall healthcare of the patient rather than by solely administering acute care.

Schools of nursing throughout the US have created Master's level direct entry CNL programs. The first programs were stared in 2007; within 10 years, there were 108 Master's CNL programs (American Association of Colleges of Nursing, 2017). Graduates have baccalaureate degrees from other disciplines; upon graduation, they enter nursing with a Master's degree and CNL role preparation. As new graduates they experience similar stressors and difficulties as other novice nurses. These challenges may be exacerbated by the fact that they have been educated to assume leadership roles among peers who have, in some cases, many more years of clinical experience, and in most cases, less formal education. The transition to practice as a new registered nurse and as a CNL can be daunting. Bombard et al. (2010) described the first year transition experience of four direct entry CNL students as "confusing and stressful" (p. 335). They further described the challenges of explaining to others that they could be both a novice nurse and possess a graduate degree.

Although Master's level CNL programs have existed for over 10 years, there is little published data on how effectively these graduates transition to clinical practice. A recent literature search revealed only two published studies and both ended one year post-graduation (Bombard et al., 2010; Shatto, Meyer, & Delicath, 2016). Further, there were no reports that addressed if and how Master's level CNL graduates were using their CNL education in practice.

Purpose

The aim of this evaluation was to explore the transition experience of Master's level CNLs 3 years after graduation from a private Midwestern University. Specifically, the evaluation sought to understand the impact of their graduate level preparation on their career progressions and satisfaction and use of CNL education in practice. Three years post-graduation has been identified as the time when nurses begin to enter the "competent" stage of clinical practice (Benner, 1984; Valdez, 2008). In her *Novice to Expert* theory, Benner (1984) defines the competent stage as the third of five stages in skill acquisition. In the competent stage the nurse demonstrates conscious deliberate planning abilities and is capable of increasing efficiency in organization (Benner, 1984).

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Table 1
Interview findings of Master's level CNL graduates' impressions of transition to practice.

Major findings	Sub-findings	Codes
Educational satisfaction		• Happy they entered the CNL program; • Use of research databases; • Increased ability to educate patients and other nurses; • Increased understanding of policies and implementation; • Career trajectory positively affected; • Able to present opinions confidently
Transition to practice	Greater emotional attentiveness	• Able to handle stress of fulltime employment; • Positive ability to transition from student to nurse; • See the "big picture" better than other graduates
	Lack of comparable skills	• Inability to perform procedures as competently as other graduate nurses; • Practical experience valued over education; • Little support for hospital education to review procedures
	Bullying	• Negatively impacting quality of care; • Racial issues; • Supervisory unfairness; • Unsafe workplace; • Negative career impact
Use of CNL education		• Use of CNL education; • Use of leadership education; • Use of quality improvement education; • Lack of use of CNL education
Student debt		• Difficulty with large student loan repayment; • Need for education concerning debt; • Debt negatively impacting career choice

Sample

The sample consisted of graduates of a direct entry Master's CNL program (Model C). The program was offered in a 21-month long face to face format. It relied heavily on precepted clinical experiences. Students received over 1000 clinical hours, 750 were one on one with a preceptor. The 2007 CNL White paper framed the CNL curriculum (American Association of Colleges of Nursing, 2007). Students had the option to take the CNL certification exam at the end of the program of which 9 elected to test and 8 successfully passed the certification (89% pass rate).

Previous degrees of this inaugural cohort were varied and ranged from photography and marketing to engineering and law. Upon graduation the vast majority of Model C graduates assumed entry-level staff nurse positions in hospital settings. There was a mix of acute care, critical care and pediatric settings. One graduate assumed a role in a home health setting and one resumed her law practice and was elected as a State Representative. All members (n = 21) of the graduating class of 2012 were invited via email to participate; 16 (76%) were interviewed. The final group of interviewees were 14 women and 2 men with ages ranging 24–60 (Mean: 32); all were Caucasian.

Method

Due to the fact that interviews were being solicited, human subjects' approval was sought and obtained from the Institutional Review Board of a private Midwestern University. All participants provided informed consent. Evaluative data were collected through semi-structured telephone interviews with questions such as:

- Can you tell me about your transition experience from college to practice?
- In what ways do you think the CNL education made you different from other graduate nurses, and made you the same?
- Were other staff members aware that you had a Master's degree, and, if so, in what ways would they treat you differently?
- Can you tell me how the CNL education might have hindered or helped you in your workplace?
- Can you tell me about any bullying that you might have experienced when you started working as a nurse?
- In what ways are you applying your CNL education?

The interview structure was flexible to accommodate new conversational directions. In fact, the topic of student loans was added to the questions due to its significant presence in discussions early in the interview phase. The same person interviewed all 16 participants. Handwritten notes as well as audio-recordings were obtained during the interviews, which lasted 30 to 45 min each. All interview data were saved securely and were only available to members of the evaluation team.

The confidentiality of the participants was maintained by applying the coding standard set by Glesne (2010). Each interview was transcribed and verified by two members of the evaluation team and classified by the participant's identification number and corresponding answers. The data were analyzed by key words (those terms that occurred frequently in the transcribed data) and expressed feelings and experiences, which were interpreted to be beneficial, harmful, or neutral to the participant, as well as by other descriptive information, such as employment status and type of work commonly completed. The data were reviewed individually by each member of the evaluation team. Then, in the course of 3 face-to-face team meetings, the coding was verified and findings agreed upon by all members of the evaluation team to ensure rigor and reliability.

Results

The analysis of the interviews revealed four primary findings and a number of sub-findings (Table 1). The four primary findings themes were: educational satisfaction, issues in transition to practice, variation in use CNL education, and student debt.

Educational satisfaction

Most participants agreed their Master's degrees enhanced their independence and confidence in the workplace. One participant noted that, although they would have learned about healthcare systems without a Master's degree, they were able to process workplace issues and problems in ways that were more organized and methodical. In effect, they believed that the training and research-based skills they acquired through the program created a structure of thinking, from

which they could grow as efficient leaders and professionals. Moreover, most respondents noted that they had taken on various leadership roles, and felt their Master's degree prepared them to do this.

> My Master's degree gave me an edge over others, because I could use research and policy skills (Participant 2).

> I never saw other graduates pull up research databases, like PubMed or CINAHL, and so others would ask me why I was doing what I was doing, and I just told them that it was what the research said (Participant 13).

> I was told by the other educators that I understood the clinical environment and saw the bigger picture. I teach people how to take their medications, and my education has helped me educate! It has helped me educate other nurses, and it has helped me educate patients (Participant 12).

Another participant noted the following:

> People at the hospital now come to me about questions on policy and to teach clinical applications at the local university (Participant 6).

Transition to practice issues

The Master's level CNL graduates in this evaluation were presumably transitioning to the competent stage of practice as they were interviewed 3 years after graduation (Benner, 1984; Valdez, 2008). They were asked to consider their 3 years of practice and reflect on that experience as a whole. Sub-findings identified were greater emotional attentiveness, lack of comparable skills, and bullying.

Greater emotional attentiveness

Upon graduation, nurses begin to enter the complex and dynamic clinical environment. Both clients and colleagues have layers of backgrounds and experiences. It is important that new nurses are supported on an emotional level, so that they can relay confidence to their patients and act appropriately in critical situations. Some participants noted the type of instruction they received helped them build confidence:

> I felt more confident than those with even just a Bachelor's degree, and I felt that because I had to form opinions and present them in graduate school I'm able to do that now. And I've seen more confidence in the other [nurses] who feel free to speak up, even though they don't have a lot of experience, which is important because there could be significant medication errors (Participant 11).

> I feel like I have a mindset of thinking. Although other nurses with Associate's degrees have 20 years of experience, I think I'm more able to see the bigger picture, not skip steps, and take care of other matters that aren't related to the bedside (Participant 14).

Stress is a factor that often contributes to poor clinical decision making, productivity, and workplace satisfaction. It can also de-moralize and contribute to feelings of uncertainty. The majority of participants believed they were better equipped to handle stress better than their younger colleagues. They noted that prior experience prepared them for the stress of the job, while younger nurses struggled:

> For me, it took 3 years to feel secure in my job, but it was a lot harder than I thought it would be. Even the younger nurses who were making the same transition seemed to be having a harder time because they didn't have the same experience (Participant 2).

> I had held a job for years before going back to school so working hard was nothing new to me (Participant 16).

Lack of comparable skills

Despite having over 1000 clinical hours of which 750 were one-on-one with a preceptor, a significant experience for the participants was feeling unprepared to accomplish certain tasks relative to non-Master's degree holding practitioners. Although the vast majority of participants felt competent in their learned theoretical knowledge, many felt they lacked practical knowledge compared to their colleagues.

Many of the participants expressed that they had to learn clinical and practical skills, as they sought to match the skills of their similarly situated colleagues. Most participants thought more development of psychomotor skills would benefit their transition to clinical practice.

> At the hospital where I worked, I think experience was often valued over education. Although others had way more of a clinical background, my Master's degree showed in my skills and ability to learn quickly, while I also had good time management (Participant 11).

> At times I thought my advanced degree was a hindrance because it seemed like the folks who had Associate degrees were better at tasks and skills than me, like starting IV's, and I was really stressed about it until they told me they [the hospital staff] could teach me (Participant 9).

Although many nurses relied upon on-the-job training and instruction to supplement their skills, many referred to the lack of formal instruction within hospitals to teach nurses the correct procedures. One of the participants noted:

> There is not a lot of support to teach other nurses the correct way, like labeling IV lines or knowing when to plug or unplug an antibiotic, and there is no rule that this type of skill should be taught (Participant 9).

Bullying

Bullying was a concern for the interviewees in their transition from education to practice. Most noted they experienced bullying, and10 (63%) said they were the targets of bullying. The effects of bullying ranged from minor annoyances to “horrific” experiences. A common issue among participants was bullying from other staff members, which affected their work performance and emotional well-being.

> Bullying happens on a daily basis, and it fills almost an entire tier of our job. The problem is that people with different backgrounds, educations, personalities, and motivations create conflict (Participant 2).

> The bullying at the hospital was horrific. I had to leave after only 6 months (Participant 10).

> [Laughter] Of course there was bullying. You know as well as I do that when you get a bunch of women together there's going to be bullying. But it does seem like nurses take it to a whole new level (Participant 16).

Another common theme was the perception of being given more tasks as a matter of bullying. This stretched nurses to their limits, which might have jeopardized the well-being and safety of patients:

> I had a situation in which our unit was spread into pods for newborn babies. I was assigned a couple pods, and I had a [critically ill] baby who was unstable, so I had to pay extra attention to him. And at this point I had a full row of 3 babies. Then my supervisor told me to care for another baby far away in another pod. I asked to have the baby re-assigned, or to have my pods moved, because I would not be able to hear the other babies if something happened, but my supervisor was belligerent and started shouting at me! I told her I was uncomfortable admitting this new baby, especially while there were other nurses available to take care of it. But she still made me admit the baby across the room. Other nurses were not given such heavy assignments (Participant 11).

Another participant described a conflict with a supervisor who did

not have a Master's degree:

> She had not been to [a 4 year] college and I think she was threatened that I had a Master's degree while she had her associate's. I think that's why she bullied me (Participant 3).

One participant noted that racial tensions played a part in her work, while another had to seek legal counsel for physical violence against her by her male colleague:

> I was made fun of a lot and mocked, and it wasn't because I was the young nurse. It was because I was white in an all-black community. They called me "snowflake" (Participant 3).

> The first time I brought up the issue of older nurses bullying younger, newer nurses to my supervisor, she started throwing the things she was holding against the wall and yelling at me in front of everyone. After that, I felt that I was retaliated against for speaking up, and I started to get write-ups and corrective actions for things that didn't happen. Later 1 day, this co-worker put his hands on my arm and pushed me. But when I complained, no one believed me. I had to consult with an attorney (Participant 5).

Use of CNL education

In regard to utilizing CNL education, the participants were equally split with eight saying they use their CNL education almost daily and eight saying they barely use it. The CNL curriculum was based on the competencies from the AACN CNL White Paper (American Association of Colleges of Nursing, 2007). Those competencies formed the framework for the education of this cohort and included leadership, evidence based care, risk anticipation, education, technology, and clinical decision-making. Only one of the participants was functioning in an identified CNL role. The rest, working in various roles, described using their education in various ways, and often referred to their education in terms of these competencies.

> I am using my competencies on a daily basis. I am on the Practice council as well (Participant 2).

> I am teaching clinicals so I am using them on a regular basis (Participant 6).

> I'm a nurse manager so I use the competencies every single day in the running of my unit (Participant 8).

> I am the only nurse at an elementary school so I have to use my competencies and critical thinking skills every day (Participant 1).

> I don't use my competencies at all. The whole point of you know teaching the other nurses in the unit the correct way…there hasn't been a lot of support to do that…I've tried and people don't care (Participant 9).

> I'm not really using my competencies, not really…maybe when I'm charge nurse just a bit (Participant 12).

Student debt

A major theme that emerged from the respondents was that paying for a Master's degree along with debt from a previous undergraduate degree contributed to significant stress. This, in turn, led to poor emotional reactions, including career despondency.

> I wish I would have taken a route other than nursing, to be honest. I am very thankful and happy with the education I received, but I have to raise a family and pay my mortgage, and it's not fun to have a very, very large student loan, and it's a very large stress for me and my [spouse] (Participant 2).

> Together, we will have to pay over $130,000, which is almost like paying for another house. So I tell everyone who wants to become a nurse that they have to understand that all of this may not be worth it if they have to take out so many loans. Plus, they have to know that interest rates will drastically increase how much you owe — it's disgusting (Participant 2).

> They [student loans] have destroyed my life. My monthly payments take almost my entire paycheck, and I have to live with my parents, because I have no money to buy my own place or car, and my parents still pay for a lot of my stuff. It's so depressing. I am not going to have a normal life because of my debt (Participant 5, $170,000 in debt).

One of the participants remarked that having more options for student employment and having formal programs on how to pay for education would prepare them for these stressors:

> Students need to learn how to take out loans and pay for all expenses. It would be nice if the program itself recommended jobs and had [greater] financial advising (Participant 5).

Greater student debt tended to affect the satisfaction of nurses, which many felt was too burdensome to justify their nursing careers. This led many to regret their decisions to enter their graduate program and, later, the nursing profession.

> My student loans have definitely caused me to consider leaving my job. In fact, I have to work an extra job. Although nursing is a good, stable, career, I am finding it hard to pay for all my expenses, because they [the employer] can't afford you when you account for [all the expenses]. It's crazy! (Participant 6).

Another participant stated that they were unsure if they would do their Master's degree over again:

> I feel like I had a very good education, but I am struggling and unhappy with my student loans. I don't know if it has been worth it, and I probably won't be in a management or educator role until that 5 or 10 year mark. And because I have $95,000 in debt, it's a huge barrier to stay where I am, so I might have to change to floor nursing (Participant 7).

> Although I have $100,000 in debt, I don't regret anything. Is the Master's degree worth it? Maybe not. I will see if it's worth it. (Participant 4).

> I absolutely would not do it again because of the loans (Participant 5).

> I have $200,000 in student debt, and it's a huge factor for me for employment. The only reason I can continue working and making payments is because of the income based repayment plans of the federal government, where I make minimal payments each month, and I hope that in 20 years it can be written off (Participant 1).

Participants who had less debt than their peers had more positive responses:

> Getting my Accelerated MSN was the best decision I ever made. Even though it was expensive, I feel like I'm using what I learned to the fullest extent, and I hope to be a team leader or director soon (Participant 8; $40,000 in debt).

One outlying comment addressed career despondency but did not fall into any of the above-categories:

> You asked me about my Master's and my CNL certification but you never asked me if I had to do it all over again, would I go into nursing itself. That answer is absolutely not. The reality of being a nurse and working long hours for average pay is not worth it.

Discussion

This evaluation focused on the 3 year, post-graduation period of Master's prepared CNL graduates. The majority of the participants were satisfied they had obtained their Master's degrees. They also felt better equipped to handle the stress of employment itself. However, struggles with lack of comparable skills, bullying, and student debt occurred.

Much has been written about "reality shock," the phenomena when new graduates experience the reality of the practice setting, since Kramer (1974) first introduced the phrase. Since that time, many studies have been published on the subject (Bombard et al., 2010; Casey et al., 2011; Casey, Fink, Krugman, & Propst, 2004; Meyer, Shatto, Delicath, & von der Lancken, 2016; Shatto, Meyer, & Delicath, 2016). Positive transition to practice is critical to nurse satisfaction and can impact turnover rates (Casey et al., 2011; Casey, Fink, Krugman, & Propst, 2004).

Another major finding was the pervasiveness of bullying which came from supervisors, administrators, and colleagues. These experiences were confrontational, belligerent, and, at times, deliberately malicious. Studies have found that bullying tends to correlate with the nurse's propensity to change jobs or workplaces (Quine, 1999; Simons, 2008). Unfortunately, Gallant-Roman (2008) found that nurses are more likely to be bullied than other professions. This evaluation supported that observation.

The costs of bullying include psychological harm to the nurse, economic harm for the hospital or employer from low productivity and nurse turnover, and decreases in quality of clinical care and patient safety (Dikmetaş, Top, & Ergin, 2011; Johnson, 2009; Lee, Bernstein, Lee, & Nokes, 2014; Sauer & McCoy, 2016). This evaluation found that most participants experienced bullying, including verbal abuse, intimidation, assigning excessive responsibilities, and physical violence. Even though workplace bullying is discussed at length in nursing literature, the prevalence remains consistent.

Stress is known to correlate with harmful, physiological reactions and reductions in workplace productivity, which also affects patient care (Buurman, Mank, Beijer, & Olff, 2011). Interviewees seemed to handle the stress of working better than their younger counterparts. The average age of participants was 29. All but one had experience in the workforce prior to retuning for their nursing education.

Findings also showed that the majority of participants are struggling with burdensome student debt. Its effects were broad and in some cases devastating. A study by Despard, Taylor, Perantie, and Grinstein-Weiss (2016) found that students with debt greater than $25,000 were more likely to experience material hardship in their ability to prepare for their own healthcare costs, housing payments, and bills. Feeg and Mancino (2014) reported that burdensome student debt could also affect future credit ratings and the ability to purchase homes or automobiles. The average debt burden for 4-year undergraduates is $28,950, while nearly 25% of graduate students borrow an additional $100,000, and another 10% of graduate students borrow more than $150,000 (The Institute for College Access and Success, 2014). These participants, as graduates of a private institution with tuition levels common in the private sector, were reflective of national graduate student debt.

Career despondency is a negative effect seen by the participants with burdensome student loans. It is defined here as the negative feeling toward one's job and the regret they feel about taking excessive loans. Participants with relatively more loans were more likely to regret their career choice, decline to repeat their program, work a second job, and fail to believe that they are living up to their full potential. When asked about their overall career satisfaction, most participants expressed hope that having a Master's degree would position them for future promotion and a clear career path. The burden of student debt left some participants unsure of the "worth of the degree." For some, financial circumstances were an important consideration in job selection and job satisfaction. Some took less preferred jobs over jobs in which they might be more satisfied. Consequently, a primary characteristic of career despondency is job dissatisfaction, which correlates with burnout and career change (Abraham & D'Silva, 2013; Holmberg, Sobis, & Carlström, 2016; Rosales, Rosales, & Labrague, 2013).

Implications for nurse educators

One of the primary findings is that Master's level CNL graduates struggle with matching the skill sets to their peers without Master's degrees. Despite having over 1000 h of clinical experiences, the lack of confidence in clinical skills is a consistent finding (Ortiz, 2016; Purling & King, 2012). However, participants were confident in their abilities to learn quickly and advance into leadership positions. It will be important for nurse educators to scrutinize not only the amount of clinical hours their students receive, but also the quality and repetition of stress inducing skills such as IV and catheter insertions. Opportunities to practice these skills could be expanded.

In addition, findings from this evaluation suggest that more education on how to handle bullying and workplace violence is needed. This could include simulations or lectures on how to handle stress and lateral violence. Since student debt was such a pervasive finding among these graduates, inclusion of seminars on financial planning and debt repayment could help students navigate their student borrowing and the reality of debt repayment.

Conclusion

This evaluation shows direct entry CNL graduates experience a number of struggles in their transition from education to practice. A deeper exploration into identified themes is warranted. Although CNL graduates have greater emotional attentiveness from leadership training and previous life experiences, they struggle with a lack of clinical skills, bullying, and burdensome loans. This evaluation suggests the need for educational and workplace reforms, which prepare and educate CNL's for the likely environment into which they will transition, as well as to help them respond to adverse situations and financial indebtedness.

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